**PLEASE PRINT** 

### STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15) RECEIVED

JUL 27 2018

I. Name of Lobbyist(s) <u>Joel</u> b	<b>Maiola</b>			NEW HAMPSHIRE DEPARTMENT OF STAT
II. Name of lobbyist's partnersl	nip, firm or corporation,	if any:		
McLane Middleton Gover	nment & Public St	rategies. LLC		
	ship, firm or corporation)			•
900 Elm Street, P.O. B	ox 326 Manch	lester	NH	03105-0326
Business Address: (Street)	(Town/City		(State)	(Zip Code)
(603) 628-1485	(603) 625-565	0 e-m	ailioel mai	iola@mclanegps.com
(Telephone)	` ′	(Fax)	an <u>joes. me</u>	,
III. This statement covers: (Choreportable expense transactions  All reportable transactions oc	which are not attributa	ble to any one clien	t).	
New Hampshire Hospital	Association			
(Full Nam	e of Client as it appears on the	ne Lobbyist Registratio	n Form)	· <del></del>
<u>OR</u>				
☐ All reportable transactions by unrelated to any particular client.	the lobbyist (including the	e lobbyist's family),	or the lobbying	; firm listed below which are
•	2018	•	, 2018 🔯 /1/18 10 6/30/18	
	31, 2018 [] 1 <i>7/1/18 to 9/30/18</i>		y 30, 2019 🗌 10/1/18 to 12/31/	′18
V. There have been no fees r If this box is checked, complete ju Concord, NH 03301.				
VI. Check if additional reports	are attached:			
If you have received fees or r		ust file Addendum	A- Fees and E:	cpenses
<ul> <li>If you have paid an honorariu Expense Reimbursement</li> </ul>	m or reimbursed expenses	s, you must file Add	endum B- Re	port of Honorariums or
☐ If you, your firm, or your fan	nily has made political con	tributions, you mus	file Addendu	m C- Political Contributions
		(		
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, I and complete to the best of my kn	RSA 14-C and RSA 664 at	nd hereby swear or a	affirm that the f	oregoing information is true
Coll nis			7/25/18 (Dat	-
(Signature of lobbyist)			(Dat	e)
Joel Maiola				
(Print Name of lobbyist)				

## STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Joel Maiola		
11. Name of lobbyist's partnership, firm or corporation, if any:		
McLane Middleton Government & Public Strategies, LLC		
(Name of partnership, firm or corporation)		-/ 10
III. Name of Client New Hampshire Hospital Association	Date _	7/20/08
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, o oss fee amo	or public relations service ount reported shall not b
a) Total of all fees received in this reporting period	a) \$	25,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).		25,000.00
c) Total of all fees received to date (Add lines a and b)	c) \$	50,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and it may be file aggregate expenses; (b) e: meals pi ss than \$10 ed with a va orting period ie of greate er than \$25 expense r	f expenditures are made bed for the lobbyist(s)/firm total of all expenses paid the aggregate total of a surchased during a busines that is given to the persoalue of \$25.00 or less); and of greater than \$25.00 for than \$25, purchase of but not greater than \$50 eimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	25,000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.		0.00
a) Total of all itemized expenditures reported in detail in section VI	c) \$	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	25,000.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	25,000.00
f) Total of all expenses year to date	f) \$	50,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees d	uring this reporting
Paid to:	Amount:	
<u> </u>	\$	
	\$	
	\$	<del></del>
	\$	
	\$	
		•
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the fore	egoing information
alin	7/3	10/11
(Signature of lobbyist)	(Da	ite)
Joel Maiola (Print Name of lobbyist)		
(Fint Name of 1000y 1st)		

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